

Offline IMPACT ERM® data entry system users: **MUST** refer to the Appendix for additional instructions



Loss Prevention Observation

*Indicates information required in IMPACT ERM®

LPO Type: LPO-MF-SWP-Hot Work

(Note: In IMPACT ERM®, SBU and Observee's Department are combined with other information for the single data entry point of Responsible Organization)

SBU: Manufacturing

Observer Name (Name & CAI)* : _____

Observee Type* : ☐ Contractor ☐ Employee **Observee's Department*** : _____

Observee Company Name* : _____

Observee's Supervisor/Lead (Name & CAI)* : _____

Observation Date & Time* : _____ **Date & Time of Feedback*** : _____

Feedback Conducted By (Name & CAI)* : _____

Task Observed : _____

Background Information and Miscellaneous Comments*

Observer's Positive Comments*

Observation

Activity Item#	Activity Description	Correct	Questionable	Comments (What I Observed) <i>Observer explains what was observed questionable*</i>
PERSONAL PROTECTIVE EQUIPMENT				
10	Head (hard hat)			
15	Eyes/face (safety glasses, goggles, face shield, welding hood)			
20	Correct personal gas detection monitor for task			
25	Footwear (safety boots and in good order)			
30	Proper clothing as required (i.e. coveralls, acid suit, anti-static suit etc.)			
35	Hands (gloves and correct type)			
40	Hearing protection			
45	Respiratory protection if required			
50	Fall Protection if required			
55	Personal floatation device and/or other marine equipment if required			
PRE-TASK PREPARATION				
65	Job Planning, Pre-job Inspection/Briefing to review permit controls, JLA, procedures, Refinery Instructions, emergency procedures, Evac. plan, MSDS, weather checks, etc. for task			
70	LPSA conducted to identify and eliminate risks			
75	Walking / working surfaces free of debris, spills, and tripping hazards			
80	Communicates intentions to other personnel in work area and Control Room as required			
Hot Work				
90	POSTING - Hot Work Permit is hanging at job site where work is being performed			
95	JOB DESCRIPTION – Work Area/Date/Work Time/Permission given to/Description of work/ Equipment to be used/Job location and Boundaries filled out and defined on permit			
100	AUTHORIZATION – All required signatures are on the permit			
105	UPDATES – There are Maint. /Co. rep / Operator /or Contractor initials in the renewal boxes with gas detection readings and proper dates and times , (permit is up to date)			
110	SPARK CONTAINMENT – Adjoining areas protected as required - Fire blankets, shields etc.			
115	DRAIN COVERS – Drains and vents sealed/sandbagged within a minimum of 50 feet of Hot work			
120	FIRE WATCH – A trained Fire Watch is present with an extinguisher and/or fire hose			
125	HAZARD ELIMINATION - All materials in the hot work vicinity that constitute a fire or explosion			

	hazard are removed or mitigated			
	EQUIPMENT			
135	EQUIPMENT PREPARATION – All pipes, vessels, tanks, columns, and confined spaces have been verified to be cleaned or purged prior to performing hot work			
140	LOTO – All pipes, vessels, tanks, columns, confined spaces been properly blinded or isolated, with appropriate tags, prior to performing hot work			
145	TOOL INSPECTION – Oxy/acetylene torch equipment have been inspected and in good working order (Regulators, tanks, hoses, torch head). Back flash preventers are installed at regulators. Gas Cylinders are secured to prevent tipping			
	MISC			
155	Other aspects of the work evaluated			
160	Other needed permitting is in place to perform work			
165	All aspects of Hot Work were discussed during JSA/JJSV prior to release of equipment			

Root Cause**Describe in Detail Why the Questionable Item Occurred**

Activity Item #*	Root Cause Description Detail* (If more than one Root Cause per Questionable Item, number the RCs in sequential order)

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Root Cause Factors

A.) Lack of skill or knowledge.	E.) Lack of or inadequate procedures.
B.) In past, did not follow procedures or acceptable practices and no incident occurred (injury, product quality incident, equipment damage, regulatory assessment or production delay	F.) Inadequate communication of expectations regarding procedures or standards.
C.) Doing the job according to procedures or acceptable practices takes more time/effort.	G.) Inadequate tools or equipment (available, operable & safely maintained; proper task & workplace design).
D.) Short-cutting procedures or acceptable practices is positively reinforced or tolerated.	H.) External Factors

Solution(s): How to Prevent Undesirable Behavior/Job Factor from Recurring:

Enter solutions individually.

Although the Completion Date is required to close this form, it is an optional data point at the time of initial entry into IMPACT ERM®.

Activity Item #*	Factor (A-H)*	Person Responsible* (Name & CAI)	Solution(s) *	Date Assigned*	Due Date*	Action Taken*	Date Completed

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Loss Prevention Observation (LPO)

Appendix: Information Required for Offline IMPACT ERM® Data Entry Process

Complete this appendix **only** if submitting LPO to Data Hub for entry into IMPACT ERM®

Contact Information for English Form Submittal Only (do not change/alter this form)		
Workforce: Submit your completed form to only one Data Hub in your area.		
Data Hub		Email
AFRICA MIDDLE EAST	Cape Town	IPSCapeTown@Chevron.Com
	Karachi	IPSKarachi@Chevron.Com
ASIA PACIFIC	Bangkok	IPSBangkok@Chevron.Com
	Kuala Lumpur	IPSKualaLumpur@Chevron.Com
	Manila	IPSManila@Chevron.Com
	Shantou	IPSShantou@Chevron.Com
EUROPE	London	IPSLondon@Chevron.Com
LATIN AMERICA	Rio de Janeiro	IPSRioDeJaneiro@Chevron.Com
	San Salvador	IPSSanSalvador@Chevron.Com
NORTH AMERICA	San Ramon	IPSEnglish@Chevron.Com

Important:

- 1) To be sure you are using the required form, only download this form as needed daily from the SharePoint site Link: <http://collab001-hou.sp.chevron.net/sites/dsOE/LPSCoP/default.aspx>
- 2) Fields with asterisk (*) are required for your form to be entered. If required data is not provided, the form will be returned to you for completion and resubmit.
- 3) For assistance completing or validating if your work area uses this LPO, contact your supervisor (or LPS Advocate).
- 4) Submit completed Word Document by email attachment

Contact Information for person submitting data: _____

(Name & CAI & email)

IMPACT ERM® LPO ID#* _____

(If submittal is follow up to previously submitted LPO, Solution or Action Taken, the ID # for the solution and action must also be provided)

Responsible Organization*

(This information is required for hierarchy search)

Department: _____

(Lowest Work group level)

Dept. Site : _____

(City and Country where the Department is located)

Business Unit: _____

(Next Level above the department)

Responsibilities

Reviewer(s) (Name & CAI):

Solutions/Action Items

Note: Enter Solution ID #s individually. Date Completed, V&V Date, and Supervisor V&V comments required for all Solutions in order to Close LPO, but the LPO can be saved without this information (on the expectation that it will be added later).

Supervisor/Lead Responsible – Name & CAI – CAI is required if not provided above with Supervisors name. If different person than Observee’s Supervisor/Lead Responsible, provide Name and CAI:

Solution ID *	Action Taken* (If different from what was previously stated)	Date Completed*	Supervisor V & V Date*	Supervisor/Lead Responsible V & V Comments*	Supervisor/Lead Responsible (Name & CAI) *

LPO Review

Note: LPO Review is optional. Complete only if applicable.

LPO ID (if not listed above): _____

LPO Reviewer (Name & CAI): _____

Approved? (yes/no): _____

Recycle comments/instructions (only complete if LPO is not approved):